

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-005896**

STATE FILE NUMBER

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 14

**FILED FEB 28 1962**

**1. PLACE OF DEATH**

a. COUNTY

Clay

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Excelsior Springs

Length of stay in 1b

Lifetime

c. CITY

OR TOWN Excelsior Springs

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Excelsior Springs Hospital

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

618 N. Main

Reside on Farm

Yes ☐ No ☒

**3. NAME OF DECEASED**

(Type or print)

First

Richard

Middle

Lewis

Last

Gant

**4. DATE OF DEATH**

Month

Day

Year

Jan. 30, 1962

**5. SEX**

Male

**6. COLOR OR RACE**

Negro

**7. Married**

☒ Never Married ☐

Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

3-27-1874

**9. AGE (last birthday)**

87

**IF UNDER 1 YEAR**

Months

Days

Hours

Min.

**IF UNDER 24 HR**

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

Retired Janitor

**10b. KIND OF BUSINESS OR INDUSTRY**

Elks Club

**11. BIRTHPLACE (City and state or country)**

Ray County, Mo.

**12. CITIZEN OF WHAT COUNTRY**

USA

**13a. FATHER'S NAME**

Lewis Gant

**13b. MOTHER'S MAIDEN NAME**

Nellie Clevenger

**14. NAME OF HUSBAND OR WIFE**

Lydia Gant

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unknown) (If yes, give war or dates of service)

No

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

618 N. Main St.  
Lydia Gant, Excelsior Springs, Mo.

**18. CAUSE OF DEATH (Enter only one cause per line)**

**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

cerebral hemorrhage

**INTERVAL BETWEEN ONSET AND DEATH**

1st 7 wks

and 18 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

Hypertension

**DUE TO (c)**

Arteriosclerosis

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☒

**20a. ACCIDENT**

**SUICIDE**

**HOMICIDE**

☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY**

Hour

a.m.

Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK**

☐

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

☐

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

21. I attended the deceased from July 1958 to 30 Jan '62 and last saw him alive on 29 Jan '62

Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

George E Sanders MD

**22b. ADDRESS**

Excelsior Springs, Mo.

**22c. DATE SIGNED**

2-2-62

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

Burial

**23b. DATE**

2-1-62

**23c. NAME OF CEMETERY OR CREMATORY**

Salem

**23d. LOCATION (City, town, or county)**

Rural, Excelsior Springs, Mo.

**(State)**

**24. FUNERAL DIRECTOR**

ADDRESS

Prichard Funeral Home, Inc.

Excelsior Springs, Missouri

**25. DATE RECD. BY LOCAL REG.**

2-20-62

**26. REGISTRAR'S SIGNATURE**

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Louise Jaxman

Licensed Embalmer No. 4589

Excelsior Springs,  
P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.